

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 446

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Aetna Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neil Peter Flanagan

Mailing Address 33 Lost Mine Pl

City
RidgefieldState
CTZip Code
06877-3435FEC ID number of contributing
federal political committee.

C

Name of Employer

Aetna Inc.

Occupation

VP, CFO, Healthagen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.33

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 1 | 5 |

Transaction ID : 052015-301

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neil Peter Flanagan

Mailing Address 33 Lost Mine Pl

City
RidgefieldState
CTZip Code
06877-3435FEC ID number of contributing
federal political committee.

C

Name of Employer

Aetna Inc.

Occupation

VP, CFO, Healthagen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.33

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : 061715-300

Amount of Each Receipt this Period

258.33

Full Name (Last, First, Middle Initial)

C. Theodore Leon Fleming

Mailing Address 18 Meadow Xing

City
SimsburyState
CTZip Code
06070-1007FEC ID number of contributing
federal political committee.

C

Name of Employer

Aetna Inc.

Occupation

VP, Aetna University

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 6 | | 2 | 0 | 1 | 5 |

Transaction ID : 011415-105

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

758.33